

**DEPARTMENT OF HEALTH SERVICES**

714/744 P Street  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 657-2941



December 6, 1999

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons  
All County Public Health Directors  
All County Mental Health Directors

Letter No.: 99-71

**HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM**

Effective January 1, 2000, the Health Insurance Premium Payment (HIPP) program will begin an outreach program to provide HIPP program training to eligibility workers in California. This outreach is an attempt to educate all eligibility workers on the HIPP program to enable them to decide if a Medicare or Medi-Cal applicant qualifies to have their private health coverage premium payment paid through the HIPP program.

If you are interested in scheduling a training session, please complete the form at the bottom of this letter and return it to the address provided. Training will be provided on a first-come, first-served basis.

If you have any questions regarding the HIPP program training sessions, please contact Ms. Jean Nichols at (916) 324-3774.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva, Chief  
Medi-Cal Eligibility Branch

County: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date(s) Preferred: \_\_\_\_\_

DEPARTMENT OF HEALTH SERVICES  
HEALTH INSURANCE PREMIUM PAYMENT PROGRAM  
ATTN: JEAN NICHOLS  
P. O. BOX 1287  
SACRAMENTO, CA 95812-1287



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ATTN: JEAN NICHOLS  
P. O. BOX 1287  
SACRAMENTO, CA 95812-1287

County: \_\_\_\_\_ Branch Office: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

When would you want to have the training session?

\_\_\_ 1<sup>st</sup> Quarter (January, February, March)

\_\_\_ 2<sup>nd</sup> Quarter (April, May, June)

\_\_\_ 3<sup>rd</sup> Quarter (July, August, September)

\_\_\_ 4<sup>th</sup> Quarter (October, November, December)

\_\_\_ Number of eligibility workers to attend training session